

THIS PAGE MUST BE INCLUDED WITH ANY ALTERNATE PROPOSAL(S) NOTED CLEARLY

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook **DATE** 12/6/12

DATE OF LAST SOIL TEST _____ **FIELD PH** _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type _____ Compaction: Yes ___ No ___
Drainage: Dry ___ Often Wet (W) ___ Low Spots (L) ___
Light: All Sun ___ Some Shade (S) ___ Trees Present (T) ___

IRRIGATION: Yes ___ No ___ OFF
If Yes, Type of Irrigation System _____
Frequency _____ Duration per Application _____
Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

Color (C)	<input checked="" type="radio"/> Good	Fair	Poor
Density	Low	<input checked="" type="radio"/> High	Combination
Smoothness (SM)	<input checked="" type="radio"/> Good	Poor	
Turf Surface (TS)	<input checked="" type="radio"/> Smooth	Clumps	Combination
Holes/Divots (H)	None	Few	Many
Bare Areas (B)	None	Few	Many

PESTS DICOT WEEDS

Dandelions (DL)	<input checked="" type="radio"/> None	Few	Many
Plantain (PL)	<input checked="" type="radio"/> None	Few	Many
Knotweed (KN)	None	Few	Many
Other (O)			Many

Identify "**Others**" by name if possible _____

Weedgrass (WD): None ___ Some ___ Many ___ Crabgrass, Witchgrass, Barnyard Grass, etc.
Clover: None ___ Some ___ Many ___

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments Looks good. Expected to progress & transition to organics well next year.